

REQUEST FOR DUPLICATE OR REPLACEMENT DOCUMENT
(APPLICANT MUST COMPLETE BOTH SIDES)

- ☐ **REQUEST FOR DUPLICATE DOCUMENT** (to obtain a duplicate copy of a valid credential, certificate, or permit which has been lost or destroyed, complete the information below and return this form to the California Commission on Teacher Credentialing along with a \$30.00 fee.)

This is to certify that I, (full name) _____, have made
a thorough search for my (give exact title of document) _____ credential/
certificate/permit and have ascertained that it has been lost or destroyed. I hereby request the issuance of a duplicate document
and I am enclosing the required fee. (Current fee is \$30.00)

Signature _____ Date _____

- ☐ **REQUEST FOR REPLACEMENT DOCUMENT** (The Commission will issue a free replacement document within one year of the date the document was mailed to an applicant or a recommending institution if the document was never received. If you did not receive your document, complete the following information and return this form to the California Commission on Teacher Credentialing. Otherwise, you must complete the Request For Duplicate Document section above and return this form along with a \$30.00 fee.)

This is to certify that I (full name) _____, never received my
(give exact title of document) _____ credential/certificate/permit
for which I applied on (approximate date of application) _____ by submitting my application

- ☐ directly to the Commission or through a school district or county office of education, or
☐ through (name of college or university) _____

I hereby request the issuance of a replacement document.

Signature _____ Date _____

If your application was submitted through a recommending institution, please ask the credentials office at the institution to complete the following statement:

We received / did not receive the _____ which was recommended by this institution on _____
Type of Credential Date

- ☐ We mailed the credential to the applicant on _____ ☐ We did not mail the credential because _____
Date

Signature of officer authorized to recommend _____

Title _____ Date _____

Name of Institution _____

Excerpts from the California Education Code:

44352. Replacement of lost or destroyed credential. Whenever satisfactory proof is presented to the commission by any person to whom the commission has granted a credential that has been lost or destroyed, the commission shall issue to him a new credential of the same kind, grade, character, and tenure as that lost or destroyed.

For issuance of the new credential the commission shall require a fee to cover the cost of replacement not to exceed the fee for issuance of an original credential pursuant to Section 44235.

44353. Proof of lost or destroyed credential. Satisfactory proof shall consist of an affidavit by the person, giving the kind of the credential, the date of issue, if possible, and the basis upon which it was issued, together with such other information as the issuing authority may require. Enacted Stats 1976 ch 1010 Section 2, operative April 30, 1977.

REQUEST FOR DUPLICATE OR REPLACEMENT DOCUMENT
(Complete both sides)

Mail to: STATE OF CALIFORNIA
CALIFORNIA COMMISSION ON TEACHER
CREDENTIALING
BOX 944270 (1900 Capitol Avenue)
SACRAMENTO, CALIFORNIA 94244-2700

Route To: _____

Commission Use Only: Fee Information	
APP	FP
EXAM	OTHER

Fee Stamp

Issuance Date: _____
☐ IHE Recommendation Attached

1. PERSONAL INFORMATION (Type or print)

Social Security Number: - -

Applicant's Full Legal Name:

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

Mailing Address

City State ZIP Code

All Former/Maiden Name(s):

<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last

Date of Birth - - County of Employment _____
Month Day Year

Home Phone () _____ Work Phone () _____

Commission Use Only

Do not write below this line

☐ Mail PGM ☐ Mail To _____

FPRT date of first FPCO still in MI _____

CO Initials _____ Date _____

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

☐ Reject Mailed ☐ FPCO Mailed

FP Reject:

DOJ/FBI Initials _____ Date _____

DOJ/FBI _____

DOJ/FBI _____

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